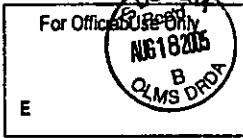


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9664</u>	2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Albert B Catalano</u> P O Box Bldg Room No if any _____ Street <u>22 Glendale Ave</u> City <u>Delmar</u> State <u>New York</u> ZIP Code + 4 <u>12054</u>	4 Name file number and address of labor organization Name <u>Bricklayers & Allied Craftworkers 2</u> Labor Organization File Number <u>537333</u> P O Box Building and Room Number if any _____ Street <u>302 Centre Dr</u> City <u>Albany</u> State <u>New York</u> ZIP Code + 4 <u>12203</u>
5 Position in labor organization _____	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ _____ _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)	
Signed <u>Albert Catalano</u>	On <u>8-12-05</u> <u>518-439-8296</u> Date Telephone Number

Name of Person Filing Albert B Catalano	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name International Masonry Institute Trade Name if any _____ P O Box Bldg Room No if any _____ Street 42 East Street City Annapolis State Maryland ZIP Code + 4 21401	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing Payments are made to the International Masonry Institute pursuant to collective bargaining agreements negotiated by the Union 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Annual Meeting business expense reimbursement for lodging, meals and travel 12 b Amount \$ 768 61

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment.
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.

Name of Person Filing <u>Albert B Catalant</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name: <u>Wright Investors</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street: <u>440 Wheelers Farms Rd</u></p> <p>City: <u>Milford</u></p> <p>State: <u>CT</u> ZIP Code + 4 <u>06460</u></p>	<p>9 Business deals with</p> <p style="padding-left: 20px;"> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer </p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name: <u>Brcklayers 2 NY Joint Benefit</u></p> <p>Trade Name if any: <u>Fund Office</u></p> <p>P O Box Bldg Room No if any _____</p> <p>Street: <u>300 Centre Drive</u></p> <p>City: <u>Albany,</u></p> <p>State: <u>New York</u> ZIP Code + 4 <u>12203</u></p>	<p>11 a Nature of such dealing</p> <p><u>Invests benefit fund assets</u></p> <hr/> <p>11 b Approximate dollar value of such dealing</p> <hr/> <p>12 a Nature of interest held or income received</p> <p><u>Attended a dinner sponsored by Wright Investors</u></p> <hr/> <p>12 b Amount</p> <p style="text-align: right;"><u>\$70 00</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name: _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p>_____</p>
<p>13 b Is the Business an Employer or Consultant ?</p> <p>_____</p>	<p>14 b Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Albert B Catalano</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Blitman & King</u> Trade Name if any _____ P O Box Bldg Room No if any <u>Franklin Center St 300</u> Street <u>443 North Franklin Street</u> City <u>Syracuse</u> State <u>New York</u> ZIP Code + 4 <u>13204</u>	9 Business deals with <div style="margin-left: 20px;"> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer </div>
10 If 9 b or 9 c is checked give trust or employer's name Name <u>Bricklayer 2 NY Joint Benefit</u> Trade Name if any <u>Fund office</u> P O Box Bldg Room No if any _____ Street <u>300 Centre Drive</u> City <u>Albany</u> State <u>New York</u> ZIP Code + 4 <u>12203</u>	11 a Nature of such dealing <u>Provides legal counsel to the Trustees of the joint benefit funds</u> 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received <u>Attended an ERISA seminar and golf outing</u> 12 b Amount <u>\$77.50</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.